



- ☐ Request a Quote - Valid for 30 Days
- ☐ Place an Order
- ☐ Request for Drawing

# Sales Order Form

Customer Information		Purchase Order# _____
Date:	Customer Name:	
Bill to:	Ship To:	
Address - P.O. Box:	Address:	
City	City	
State and ZIP	State and ZIP	
Contact:	Customer Telephone #	

Purchase Information					
Product Code	Quantity	Size/Size/Color	Description	Unit Price	Total Price

Print this Page - Fill out your order - Fax to:  
**(602) - 255-3108**  
**for FAST Turnaround!**

Sales Tax 8.1%	
Freight	
Total	